

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/918,127	FILING DATE				
						APPLICANT(S)					
10-21-04						CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND. <th>DEP.</th>	DEP.
1	1		1				51	4	3		
2	1		1				52	4	3		
3	1		1				53	4	3		
4	1		1				54	4	3		
5		4	4				55	4	3		
6		4	4				56	①	2		
7		4	4				57	①	2		
8		4	4				58	①	2		
9		4	4				59	①	2		
10		4	4				60	1	1		
11		4	4				61	1	1		
12		4	4				62	1	1		
13		4	4				63	4	4		
14		4	4				64	4	4		
15		4	4				65	4	4		
16		4	4				66	4	4		
17		4	4				67	3	3		
18		4	4				68	3	3		
19		4	4				69	3	3		
20		4	4				70	3	3		
21		4	4				71	1	1		
22		4	4				72	1	1		
23		4	4				73	1	1		
24		4	4				74	1	1		
25		4	4				75	1	1		
26		4	4				76	1	1		
27		4	4				77	1	1		
28		4	4				78	①	2		
29		4	4				79	①	2		
30		4	4				80	①	2		
31		4	4				81	①	2		
32		4	4				82	4	4		
33		4	4				83	4	4		
34		4	4				84	4	4		
35	①	①	①				85	4	4		
36	①	①	①				86	4	4		
37	1	1	1				87	4	4		
38	①	①	①				88	4	4		
39	1	1	1				89	①	4		
40	4	4	4				90	①	4		
41	4	4	4				91	①	4		
42	4	4	4				92	①	4		
43	4	4	4				93	①	4		
44	4	4	4				94	①	4		
45	4	4	4				95	①	4		
46	4	4	4				96	①	4		
47	4	4	4				97				
48	4	4	4				98				
49	4	4	4				99				
50	4	4	3				100				
TOTAL IND.	4						TOTAL IND.		4		
TOTAL DEP.	271	→	→	→	→		TOTAL DEP.	→	297	→	→
TOTAL CLAIMS	96						TOTAL CLAIMS		301		

Total chargeable = 275* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS